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PTO/SB/05 (4/98) for use through 09/30/2000. OMB 0651-0032 CE

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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. 4341/CIP-1 First Inventor or Application Identifier | Quianjun Liu

M & A For a Touch Sensing System...Input Device

Chily for field to	Comprovisional applications under 57 C.F.N. 9 1.05(b)	100
	APPLICATION ELEMENTS apter 600 concerning utility patent application contents.	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC, 20231
1.	Teee Transmittal Form (e.g., PTO/SB/17) Submit an original and a duplicate for fee processing) Specification [Total Pages 22] Descriptive title of the Invention Cross References to Related Applications Statement Regarding Fed sponsored R & D Reference to Microfiche Appendix Background of the Invention Brief Summary of the Invention Brief Description of the Drawings (f filed) Detailed Description Claim(s) Substract of the Disclosure awing(s) (35 U.S.C. 113) [Total Sheets 2] Declaration [Total Pages 2] Newly executed (original or copy) Copy from a prior application (37 C.F.R. § 1.63 (for continuation/divisional with Box 16 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b) TIEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT (DINA PRIOR APPLICATION IS RELIED UPON 137 C.F.R. § 1.28).	Statement(s) (PTO/SB/09-12) 14. Certified Copy of Priority Document(s) (if foreign priority is claimed) Other: Statement filed in prior application Status still proper and desired Other: Supply the requisite information below and in a preliminary amendment:
under Box 4b	o, is considered a part of the disclosure of the accompa	of the prior application, from which an oath or declaration is supplied nying continuation or divisional application and is herebyricorporated by has been inadvertently omitted from the submitted application parts.
Telefence. Th	17. CORRESPOND	
Custom	ner Number or Bar Code Label (Insert Customer No. or At	or Correspondence address below
Name	Harris Zimmerman	
	Law Offices of Harris Zimmerman	
Address	1330 Broadway, Suite 710	
City	Oakland State	California Zip Code 94612-2506
Country	U.S.A. Telephone	510.465.0828 Fax 510.465.2041
Name (F	PrintType) Harris Zinxinerman	Registration No. (Attorney/Agent) 16,437

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the dividual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patentral Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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PTC/SB/17 (6/99)

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FEE TRANSMITTAL			Complete if Known					
		- I	Appl	icatio	n Nu	mber		
for FY 2001			Filing Date					
Patent fees are subject to annual revision.			First Named Inventor		ventor	Quianjun Liu		
Small Entity payments <u>must</u> be supported by a small entity staten otherwise large entity fees must be paid. See Forms PTO/SB/09-			Examiner Name		е			
See 37 C.F.R. §§ 1.27 and 1.28.			Group / Art Unit		t			
TOTAL AMOUNT OF PAYMENT	(\$) \$582.00	t		-			4143/CIP-1	
METHOD OF PAYMENT	`	FEE CALCULATION (continued)						
The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:			DDIT e Entity				•	
Deposit		Fee	Fee	Fee	Fee	i y	Fee Description	Fee Paid
Account 26-0265 Number		105	le (\$) 130	205	65 65	Surcha	arge - late filing fee or oath	
		127	50	227	25		arge - late provisional filing fee or	
Deposit Account Harris Zimmerman		'*'	50	221	20	covers		<u> </u>
Name		139	130	139	130	Non-Er	nglish specification	
Charge Any Additional Fee F Under 37 CFR §§ 1.16 and 1		147	2,520	147	2,520	For filir	ng a request for reexamination	
_		112	920*	112	920*		sting publication of SIR prior to ner action	
2. Payment Enclosed: Check Money	Other	113	1,840*	113	1,840	* Reques	sting publication of SIR after	
Crieck	U Otner	445					ner action ion for reply within first month	
FEE CALCULATION	ON	115	110	215 216	55 190	_	ion for reply within second month	
1. BASIC FILING FEE		116 117	380 870		190 435	_	ion for reply within third month	
Large Entity Small Entity Fee Fee Fee Fee Fee Descript	ion	118	1,360		433 680		ion for reply within fourth month	
Code (\$) Code (\$)	Fee Paid		1,850	228 9			ion for reply within fifth month	
101 760 201 380 Utility filing fee	355.00		•				of Appeal	
106 310 206 155 Design filing fee	9	119 120	300 300		150 150		a brief in support of an appeal	
107 480 207 240 Plant filing fee		121	260		130	-	st for oral hearing	
108 760 208 380 Reissue filing fe		138	1,510	138 1		Petition	n to institute a public use proceedir	ng T
114 150 214 75 Provisional filing fee		140	110	240	55	Petition	n to revive - unavoidable	
SUBTOTAL (1)	(\$)355.00	141	1,210	241	605	Petition	n to revive - unintentional	
2. EXTRA CLAIM FEES		142	1,210	242	605	Utility is	ssue fee (or reissue)	
Ext <u>ra Claim</u> s	Fee from <u>Fee Paid</u>	143	430	243	215	Design	issue fee	
Total Claims 23 -20** = 3 x 9	27.00	144	580	244	290	Plant is	ssue fee	
Independent Claims - 3** = 4 × 2	10.00 = 160.00	122	130	122	130	Petition	ns to the Commissioner	
Multiple Dependent		123	50	123	50	Petition	ns related to provisional application	ns
**or number previously paid, if greater; For Large Entity Small Entity	Reissues, see below	126	240	126	240	Submis	ssion of Information Disclosure Str	nt
Fee Fee Fee Fee Desc	ription	581	40	581	40		ling each patent assignment per	10.00
Code (\$) Code (\$)	of 20	146	760	246	380		ty (times number of properties)	40.00
103 18 203 9 Claims in excess 102 78 202 39 Independent claims		140	700	240	500	(37 CF	a submission after final rejection R § 1.129(a))	
•	aims in excess of 3 dent claim, if not paid	149	760	249	380		ch additional invention to be	
•	ependent claims					examin	ned (37 CFR § 1.129(b))	
over original			fee (sp	ecify) _				
110 18 210 9 ** Reissue claims in excess of 20 and over original patent		Other	fee (sp	ecifv)				
		Other fee (specify)						
SUBTOTAL (2)	(\$)187.00	Redu	iced by	Basic I	Filing	Fee Paid	SUBTOTAL (3) (\$)	40.00
SUBMITTED BY Complete (if applicable)								
Name (Print/Type) Harris Zimmerm	an)		Registr			6,437	Telephone 510.465	
	1		(Attorne	yıngen	7 L		510.40.	/.0020

Signature

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